

**SCHEDULE B (FEC Form 3)
ITEMIZED DISBURSEMENTS**Use separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

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<input type="checkbox"/> 17	<input type="checkbox"/> 18	<input type="checkbox"/> 19a	<input type="checkbox"/> 19b
<input checked="" type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)
McKinlay for Congress

A. Barbara Golden Full Name (Last, First, Middle Initial)			Date of Disbursement <div style="border: 1px solid black; padding: 2px; display: flex; justify-content: space-around;"> <div>M M / D D / Y Y Y Y 12 / 14 / 2015</div> </div>	
Mailing Address 3341 Monet Dr W			Amount of Each Disbursement this Period <div style="border: 1px solid black; padding: 2px; text-align: right;">220.00</div>	
City State Zip Code Palm Beach Gardens FL 33410-1482		Transaction ID : VPENWA0MXQ6		
Purpose of Disbursement Refund of Contribution		Category/ Type		
Candidate Name		Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President		
Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)		State: District:		
B. Andrew Graham Full Name (Last, First, Middle Initial)			Date of Disbursement <div style="border: 1px solid black; padding: 2px; display: flex; justify-content: space-around;"> <div>M M / D D / Y Y Y Y 12 / 14 / 2015</div> </div>	
Mailing Address 1808 W Hills Ave			Amount of Each Disbursement this Period <div style="border: 1px solid black; padding: 2px; text-align: right;">220.00</div>	
City State Zip Code Tampa FL 33606-3225		Transaction ID : VPENWA0MXF3		
Purpose of Disbursement Refund of Contribution		Category/ Type		
Candidate Name		Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President		
Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)		State: District:		
c. Mary Haines Full Name (Last, First, Middle Initial)			Date of Disbursement <div style="border: 1px solid black; padding: 2px; display: flex; justify-content: space-around;"> <div>M M / D D / Y Y Y Y 12 / 14 / 2015</div> </div>	
Mailing Address 106 Pine Circle Dr			Amount of Each Disbursement this Period <div style="border: 1px solid black; padding: 2px; text-align: right;">220.00</div>	
City State Zip Code Lake Mary FL 32746-2518		Transaction ID : VPENWA0NJX7		
Purpose of Disbursement Refund of Contribution		Category/ Type		
Candidate Name		Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President		
Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)		State: District:		
SUBTOTAL of Disbursements This Page (optional).....			<div style="border: 1px solid black; padding: 2px; text-align: right;">660.00</div>	
TOTAL This Period (last page this line number only).....			<div style="border: 1px solid black; padding: 2px; text-align: right;"> </div>	